



PATIENT

Leo Romanotto

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

10 Years

WEIGHT

6.8 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Matthew Olcha

HOSPITAL NAME

East Meadow VC

REFERRING VET

Dr. Matthew Olcha

INVOICE

43844

DATE

7/13/23

PRESENTING CLINICAL SIGNS

Chronic elevated liver enzymes. Mild to moderate distended abdomen otherwise no clinical signs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was normal, yet a grouping of sand and small calculi noted up to 0.64 cm with acoustic shadowing. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization noted in both kidneys. The left kidney measured 4.25 cm. The right kidney measured 4.1 cm.

Adrenal Glands

The **right adrenal gland** was mildly enlarged at 1.28 cm at the cranial pole and 0.60 cm at the caudal pole.

The region of the **left adrenal gland** was unremarkable.

Spleen

The **spleen** presented a focal hypoechoic nodule measuring 5.0 mm at the mid caudal body with target type appearance.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Occasional parenchymal cysts noted.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.



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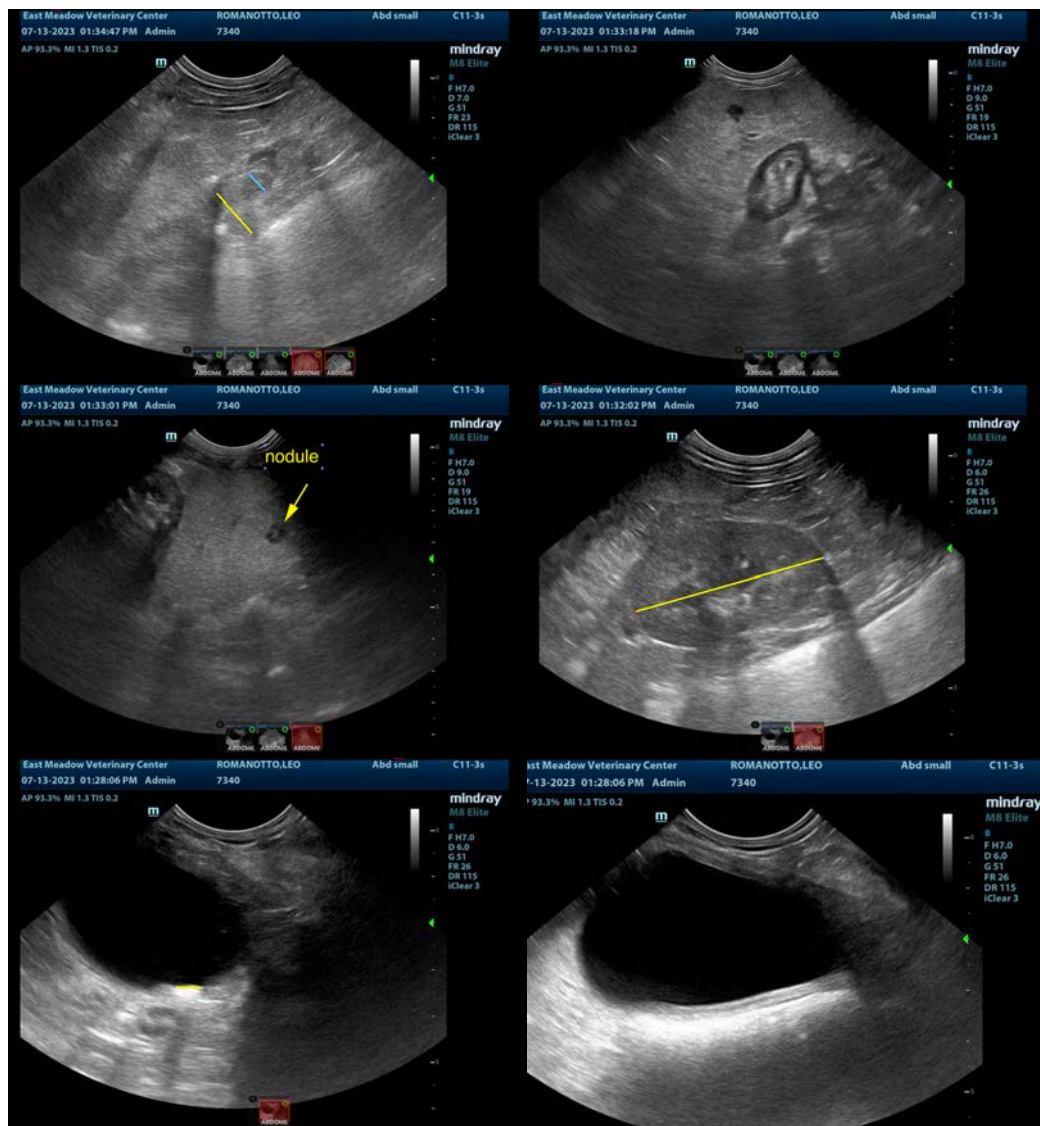
7/13/23

ULTRASONOGRAPHIC FINDINGS

- Splenic nodule – hyperplasia, round cell neoplasia, emerging hemangiosarcoma possible
- Prominent right adrenal gland
- Subjectively benign metabolic hepatopathy with nodular hyperplasia
- Age related renal changes and small amount of bladder sand

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodule and liver warranted for further definition. The distended abdomen is likely owing to hepatomegaly in this patient. Medical management of the bladder sand indicated.





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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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info@SonoPath.com

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